



Application for Credit Account

Please post or email the completed form to the Commercial Dept for prompt attention

Trading Name		Registered Name (If different)	
Main Address		Registered Office Address	
Postcode		Postcode	
Tel No.	Fax No.	Tel No.	Fax No.

Invoicing Address		Contact Name (for Operations)	
		Job Title	
		Tel No.	Fax No.
Postcode			

Names of Executives	Job Title	Type of Organisation (e.g. Partnership, Limited Co. etc)	
		Date of Formation / /	Date of Financial year End Day / / Month
Names of Ops/Export Contact	Ops/Exports E-mail address	Company Registration No.	
		Country of Registration	
Anticipated Monthly Spend	£	Are you registered for VAT (If Yes Please provide No.)	

Bank Name	Account No.	Sort Code
Bank Address	Name of Account	
Postcode	How Long have you held this Account?	
I, an authorising signatory to the above bank account give permission to our bankers to provide a credit reference to: Swift Courier Solutions Ltd.		Signed:

Trade Ref 1 Company Name		Trade Ref 2 Company Name	
Address		Address	
Postcode		Postcode	
Main trading activity?	Period as customer?	Main trading activity?	Period as customer?
Contact Name	Tel. No.	Contact Name	Tel. No.
	Fax. No.		Fax. No.

Declaration

<p>I/We hereby request you to open a credit account I, being an Authorised signatory of the business, agree that payment of accounts, will be received by Swift Courier Solutions Ltd within 28 days of receipt of invoice and acknowledge that our adherence to this obligation is of the essence in this contract between us.</p>	
Full name of person authorising application	Signature



Job Title	Date of Application
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